

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**

www.flsb.uscourts.gov

In re:

Case No.
Chapter

Debtor _____/

**STATEMENT OF SOCIAL SECURITY NUMBER(S) OF UNCLAIMED FUNDS
APPLICANT/CLAIMANT**

1. Name of unclaimed funds claimant (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

☐ Claimant has a Social Security Number and it is: ____-____-____

(If more than one, state all.)

☐ Claimant does not have a Social Security Number.

2. Name of unclaimed funds applicant (if different than claimant) (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

☐ Applicant has a Social Security Number and it is: ____-____-____

(If more than one, state all.)

☐ Applicant does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

x

Signature of Claimant

Date

x

Signature of Applicant (if different than claimant)

Date

Note: This form must be submitted at the time of filing the application to withdraw unclaimed funds and affidavit of claimant. This form shall be retained by the clerk as a non public record. If supporting documentation supplied contains the social security number, please attach it to this document.